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Los Angeles, Calif. 90032

ORIENTATION AND MOBILITY FOR THE VISUALLY HANDICAPPED

A GUIDE FOR PARENTS



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FOREWORD

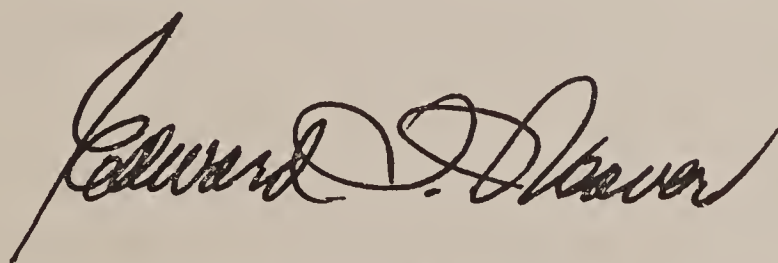
Over a period of years an increasing number of blind or visually handicapped persons have learned to travel independently. This has been largely the result of the development of an organized body of knowledge about physical orientation and mobility, stemming from a rehabilitation program designed to meet the needs of blinded World War II veterans.

While trained professional people are employed to teach the more complex skills of independent travel, the early training that parents can provide for their youngsters is the foundation of good orientation and mobility.

This pamphlet is intended to provide some suggestions for building this foundation, to answer some questions that parents usually have, and to provide references which may help to answer others. A word of caution — parents of a visually handicapped child ought not to feel that armed with this pamphlet they can solve all problems unaided. This is not a do-it-yourself manual. It does not propose to replace personal, professional advice and assistance.

Rather, the pamphlet is intended to provide a short and readily understandable guide for the parents of children whose only severe disability is the visual handicap. The focus is on preparing the child for better skills in independent travel. Since the whole child must be considered, it is necessary that attention be given to areas where good orientation and mobility develop: the home, the school, and the community.

The Department of Children and Family Services is pleased to make this brochure available to parents of visually handicapped children.



Edward T. Weaver
Director
Illinois Department of
Children and Family Services

PREFACE

In the education and rehabilitation of the visually handicapped child, mobility — the skill required in moving about freely without sight — is primary. It is important not only for his education and school life, but for his life as a child and as an adult — at home, at work, at play — indeed, throughout his life. Because crucially important information concerning physical orientation and mobility was not yet available in sufficient detail as to be at the ready command of teachers, parents, medical practitioners and other professional disciplines, the Office of the Coordinator of Visually Handicapped Services of the Department of Children and Family Services, was given a charge by the Coordinating Committee of Services to Visually Handicapped Persons to find a way to compile such needed information in readable form, and make it easily available when and with whom it would be helpful.

The Office of the Coordinator of Visually Handicapped Services was set up in the Department of Children and Family Services by agreements among those state departments or agencies having programs relevant to the needs of visually handicapped persons. The Coordinating Committee, composed of representatives of state agencies serving blind or visually handicapped persons, is the vehicle by means of which joint planning and coordinated activity in this field takes place.

Members of this committee are administrators and professional associates in the fields of special education and rehabilitation and are thus deemed qualified to authorize this brochure and the use of the information herein contained. We are therefore grateful to the members of the Coordinating Committee.

The work of gathering material and assembling it in final form was accomplished by means of a subcommittee composed of medical practitioners, administrators, mobility specialists, social workers, teachers and parents of visually handicapped children to whom special thanks and appreciation are extended. Appreciation is also extended to the Chicago Community Trust for making available such financial assistance as was needed.

Raymond M. Dickinson, Coordinator of
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The compilers of this pamphlet wish to extend grateful acknowledgment and appreciation to Mr. Dickinson's secretary, Rita Nortrup Kofoed, for many hours of work and careful attention to detail in connection with the preparation of the manuscript.

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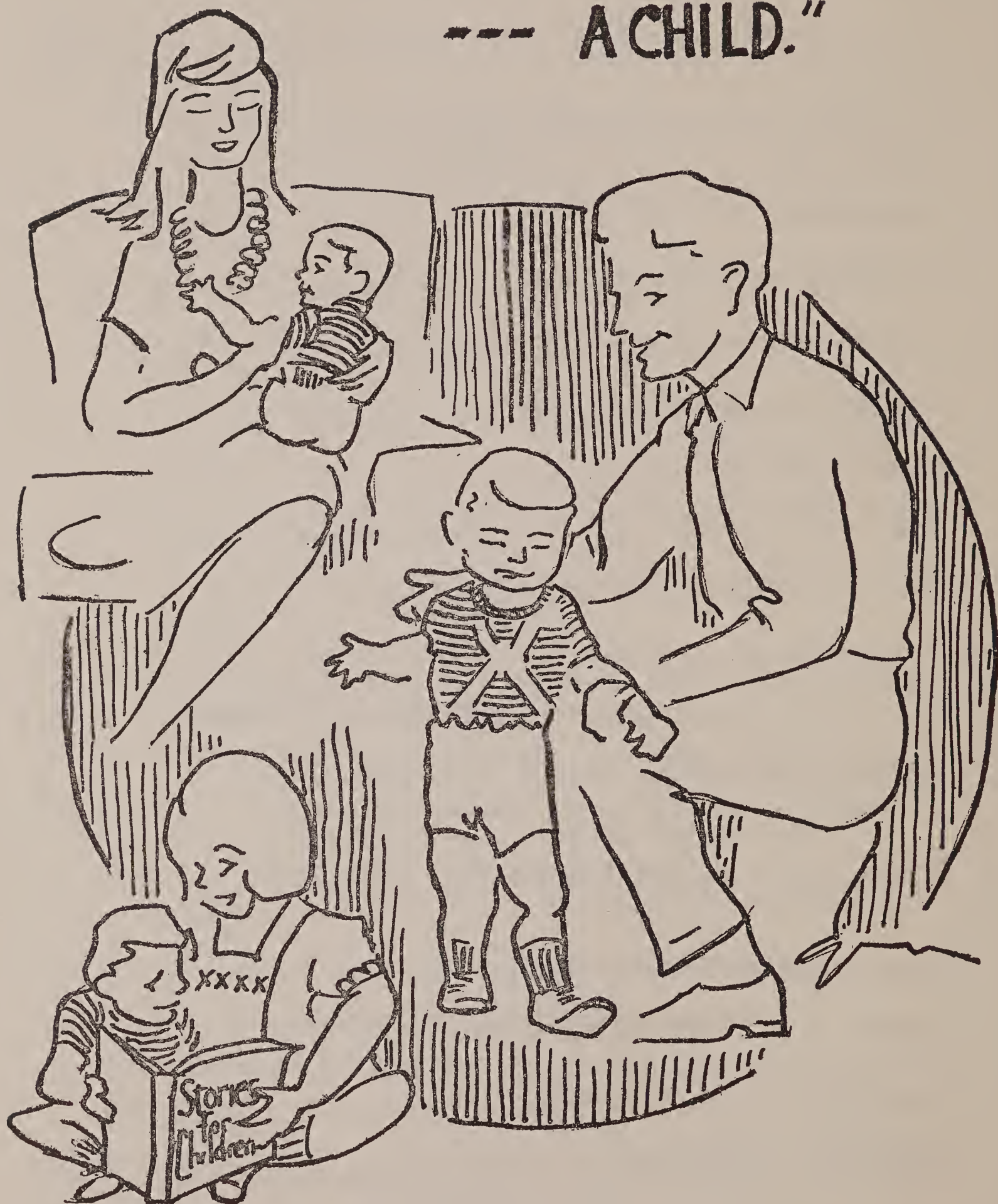
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"A BLIND CHILD IS FIRST OF ALL
--- A CHILD."



INTRODUCTION

Let's admit it! We live in a sighted world. Those with little or no vision, therefore, have less than they need to live and compete with their seeing fellows. In reality, however, all human beings have less than they need to compete with their fellows. While some lack vision, some hearing, others have trouble getting along with people, and still others lack the ability to acquire crucial skills. Yet, there is a future for all, depending upon certain significant factors: that we understand our weaknesses; that we try to compensate for them in any way we can; and that we encourage one another to move forward regardless of our limitations.

The parents, school, and community all play a significant part in helping the handicapped child secure his proper place in life, his share of jobs, pleasures, and creativity. If they all work together these goals can be achieved. The parents have the first responsibility for the training and care of the child. Later this responsibility, including that of encouraging and understanding, will be shared with the school. We look to the community for professional guidance and opportunities for social, recreational and vocational fulfillment.

This pamphlet is about mobility, the road to freedom for the blind child and the parent as well. It will not tell you how to teach mobility; that is the role of the school and the mobility specialist. It will, we hope, supply some guidelines in assisting you to do your share.

Because we are human and limited in knowledge there is no ONE right way to do all of this. The point is, merely, that you want to do it and feel secure in the process of doing it. Then you can use these guidelines, making them fit the situation by using the ingenuity nature gave you, and seek advice when a specialist is needed. The most important consideration is to be free emotionally to do it. This means being proud of your child as a growing, thinking, feeling person capable of many things. This does not mean apologizing for him or feeling guilty for what he is or is not. You cannot change the past by regretting it or wishing it had not happened, but you can change the future outlook. There are many visually handicapped people who have not only made a good living, but have contributed significantly to mankind. We hope this pamphlet will be of some help in this undertaking. **READ IT! KEEP IT HANDY FOR REFERENCE! DON'T, HOWEVER, REGARD IT AS A BIBLE!** It was created out of the experience and knowledge of parents, teachers, and professional people. Add yours to it.

JOHNNY'S CASE

They waited eagerly for the new baby to come and for a little while they were happy with Johnny, but then they began to grow concerned. For example, when father brought home a bright string of beads and hung it across Johnny's crib, both father and mother observed that he never reached for it or even noticed it; but when a little bell was jingled outside the crib, Johnny turned his head at the sound. They both noticed that he never responded with his eyes to anything they handed him, although he would take it when they put it in his hands. With mounting apprehension they took him to their pediatrician, who in turn sent them to an ophthalmologist. There they learned that Johnny was visually handicapped.

They were shocked and stunned. They felt guilty also. What had they done? Was there something which they could have done and didn't? They were angry with their obstetrician. What had he done at the delivery? Couldn't he have forewarned them? They thought of the blind people they had seen begging on the street, who had never become contributing members of society. They were not aware of the blind children who grow up happily, go to school with sighted children, develop into useful, responsible citizens and marry and raise families. They felt so alone with this "problem" child.

GETTING HELP

After the diagnosis of the child's visual handicap, their ophthalmologist suggested a social agency to which he had referred other parents in similar circumstances. Over a period of time the social worker helped them understand that their feelings of anger, shock, guilt, and fright were natural for parents faced with this problem. They learned that some of these feelings are due to the fact that the child is an extension of his parents. They were helped to realize that children do not live in a vacuum, and that all children depend upon their parents, brothers and sisters, and other relatives, and on the community in which they live to provide a good atmosphere to help them become healthy, normal and happy people. They learned that their visually handicapped child was not a "problem" child. Instead, they began to understand that he would need to learn special skills to help him overcome the effects of his lack of sight, but that as parents they should view him as a whole person. They recognized that their child was normal except for his lack of sight, with the same feelings, needs, and emotions as other children, and that it was possible for him to have normal growth and good social adjustment. They learned to be at ease with their child, so that negative feelings would not be transmitted to him. They were helped by meeting parents of other children who were visually

handicapped and talking with them alone and in groups. They found out that other parents had lived through the same situation that they were going through, and that as the baby began to grow and develop, they would be proud of him and his accomplishments.

Johnny's parents were encouraged to alert their local school authorities to Johnny's lack of vision, so plans could be made to provide him the specialized kind of education he would need. The Illinois Office of Public Instruction helps local school districts set up this specialized instruction. In some instances the instruction can begin when the child is three years old. In other instances, it may be better to send children such as Johnny to the Illinois Braille and Sight Saving School. However, as soon as it is known that the child has a visual disability, plans for his education should begin, by his parents, his physicians, his school district, and other individuals and agencies.

Although some communities in Illinois have few resources in local districts, there are statewide agencies which can offer help. These agencies are listed in Appendix A.

RECOGNIZING YOUR INFANT'S NEEDS

Parents must remember that the visually handicapped child is first of all a child who is much like the seeing baby, with the same needs of other young infants, whether handicapped or not. He is dependent upon his parents to supply him with food when he is hungry and rest when he is tired, to keep him free of the discomfort of soiled diapers. All children require the kind of stimulation offered when a baby is hugged, cuddled and rocked. All children need to know that they will be protected and loved, and this we can communicate to them physically as we pick them up, hold them and carry them about. All children require the comforting sound of voices coming from those they know and love, for which there will be a gradual substitution of meaningful speech. It is no different for the visually handicapped child.

Is the visually handicapped child different? Denied the visual experiences which arouse the curiosity of the sighted child and cause him to reach out to explore his surroundings, the infant with a visual handicap requires encouragement to move around to investigate his physical environment. Many visually handicapped children who are, by definition, legally blind have varying degrees of usable vision. Actually, the percentage of visually handicapped individuals who are totally blind is very small — less than 10 per cent. Residual vision varies from child to child, ranging all the way from light perception to enough sight to read large print and to move about adequately under ideal conditions. It is very important for the parent to understand the

child's visual potential. The parent may at first move the youngster from place to place providing opportunities to discover new things. Interest may be stimulated through sound, and desirable objects may be offered for him to touch and to handle. It may be necessary to show him how to reach for something by extending his arms and legs into position. In these ways the youngster is compensated for the kind of learning acquired as a result of watching.

CHILDREN WHO LOSE THEIR VISION

A much different situation is posed the parents of a child who has been sighted, but loses his vision several years later. The emotional impact of such an occurrence upon both the parents and the youngster is appreciable and may be almost catastrophic for the child. Quite suddenly parents may find themselves faced with many new problems of care and management of a child who just a little while before required little special attention. How well they handle this period of crisis depends in large measure upon their own emotional stability and the reassurance and support offered by those to whom they may turn for help. The child bears the full and direct brunt of the loss of vision and all this entails. His ability to comprehend what has happened to him may be limited by his age, level of intellectual development, and lack of psychological preparation. One child may become so disturbed as to need psychiatric attention. Another may revert to kinds of behavior with which the parents were familiar when he was younger. Yet another may try to do all the things he did before, oblivious of the dangers involved.

Of one thing we may be sure; there will be a demonstrable emotional reaction to this new deprivation. The emotional reaction of the parents affects the way the child accepts his handicap. Parents are well advised under all circumstances to seek advice, information, and counsel from appropriate social agencies employing professional personnel who are waiting and anxious to serve them. The parents of a visually handicapped child learn to know and to work with several professional people. It is helpful to know each professional category and its specific area and skill. For this reason Appendix A listing types of agencies and personnel has been prepared.

ENCOURAGING EXPLORATION AT HOME

In addition to the ordinary needs, your child has very important special needs. Frequently these specialized needs are unfamiliar to parents. Visiting professional workers can be of great value in advising you how to best meet these needs. However, in the interim this brochure can give you the insight and knowledge about your child's special

requirements. The seeing child is permitted and encouraged to explore his environment. This developmental process must not be denied your visually handicapped child. The sighted child becomes increasingly aware of the objects and people around him as the effectiveness of his vision increases. The visually handicapped child may only become more aware of his environment by using his other senses and later through understandable explanations. Parents can stimulate exploration by the sense of touch when the child is still in the crib, by using toys that are interesting to feel and make sounds, such as a cradle gym and a plastic rattle. The child should be permitted freedom of movement at this early stage, so he can begin to learn what his body can do and what it cannot do.

As the seeing child's environment and his understanding of it are widened, so too must your child's environment be widened. It is heartily recommended that he be permitted, upon reaching the crawling stage, to explore thoroughly the rooms in his home often and without unnecessary restraint. This will give him the muscular activity necessary for proper development, help him learn the sources of different sounds, discover what his home is like through his other senses, and gain confidence necessary for further mobility. Supervision is often necessary and the presence of the mother or father is encouraging and informative for the youngster. At this time you may use toys which can be rolled and retrieved, giving excellent practice in developing the ability to accurately pinpoint the source of sound. Your child, with sufficient opportunity, will become well acquainted with his home, learning through guidance and repetition how to get from his room into other rooms and back again by himself. He will begin to know the arrangement of furniture and appliances in the various rooms and realize which room he is in by the layout of the room. The child will feel warmth from the radiator or the warm air duct and cool air from the air conditioner. He will notice the flow of air from an open door or window. He will hear the telephone ringing or the television and know his whereabouts in any room from previous learning experiences. You will at times decide to move or add furniture or an appliance. You should take time to help the child to understand the different arrangement.

LEARNING ABOUT THE OUTDOORS

As a natural sequence your child will be moved outside, so that orientation to the outside world may begin, and in the yard and area immediately near the home the parents' role must be one of encouragement and interpretation. The physical reality of the world may be explained to the child as he naturally comes into contact with each new thing. The child will begin to know his porch, the lawn, his yard,

and where it is safe and secure to play. He may enjoy longer excursions around the block and making investigations of the world with the help of his parents. Verbal descriptions are not sufficient for teaching these concepts. The child must also be encouraged to use his hands, feet, sense of smell, and hearing to explore many of the new things with which he comes in contact. If he has the opportunity to expand his knowledge of and experiences with his surroundings gradually, both the child and his parents will feel gratified at how well he knows and plays within the area with which he is acquainted.

LEARNING TO LIVE WITH PEOPLE

Equally important as your child's physical needs is his social development. As a member of the family he must be treated in much the same manner as any seeing child within the same age group. It is best to minimize any possible concessions to his lack of sight because special privileges tend to set him apart from the others and only further emphasize his disability. Play with brothers, sisters, and other children should be encouraged so that he can grow socially. A good deal of imagination and involvement are required to create the proper atmosphere for this to take place, but the successful efforts are very rewarding. He should be given the same daily chores and responsibilities in the home as his brothers, sisters, and playmates. He should be given the freedom to explore according to his maturity, to make mistakes and learn from them, as we all do, and to take his share of the bumps and bruises that all children have while growing up.

Since visual imitation cannot be a source of learning for the blind child, he may need to be shown correct and acceptable posture, walking habits, table and social manners, facial expressions, and behavior in situations in which personal and social awareness are necessary in order to "put his best foot forward." It is simpler to teach your child correct methods of doing these things as soon as he is able than it is to try to break bad habits that have been permitted to continue for years. However, care must be taken to recognize that some deficiencies or failings are merely reflections of the normal growth and development pattern and will be overcome with increased maturity. For example, the visually handicapped child should be able to learn to put one foot on each step when going up or down stairs in the natural progression of his development, just as sighted children do. While some may be more adept at this particular thing than others, the whole pattern of growth and development is roughly the same for handicapped children as it is for sighted children. It must be stressed that the visually impaired child can be expected to do most of the same things that sighted children do at the same age level. Ways parents use to get the handicapped

child to do all the things that children must do may be similar to or very different from those used with a sighted child, but the child without vision who eventually achieves success is the one who has been expected to be successful. Any prolonged deviation from the normal growth and development pattern warrants parental attention and counsel with a trained, professional person.

MENTAL AND PHYSICAL STIMULATION

Be sure that your child is receiving enough mental and physical stimulation each day. Prolonged periods of idleness or inactivity may lead to nervous habits. If you notice facial tics, eye poking, a continuous head movement, body rocking and other such behavior which seems to be out of place, it may be caused by a lack of proper stimulation. It is strongly recommended that a positive approach to this problem be initiated by drawing the child into as many family affairs as possible through conversation, responsibilities, and activities that combat boredom. The child should feel that he is sharing and also contributing as much as possible to his own family group.

Ingenuity, patience, and praise for your child's efforts will frequently be necessary to achieve the desired goals. It is also strongly recommended that you work in close harmony with the agencies and professional personnel that are able to help you.

As parents you will do well to remember to strike a happy medium in rearing your child who has a visual handicap and, as a result, send into the world a useful, well adjusted citizen. By the same token, let us hope that the child will retain pleasant memories of a happy childhood where parental love and guidance have served him well. Parents of a visually handicapped child must continually search for practical solutions to the many problems that accompany this handicap, yet they must learn to trust themselves, knowing that whatever they do they do in the best interests of the child.

GOING TO SCHOOL

There are many approaches to the education of the visually handicapped. The two most common are the residential school and the day school. In the residential school, visually handicapped children are grouped within a specialized setting in order to meet their exceptional needs. The day school meets these same needs within a setting which is not exclusively adapted to the children with a visual disability. This system is specialized in part, but incorporated within a regular school program with seeing children. Whereas at one time these children were almost always separated for educational purposes, the present trend

is now increasingly toward integrating the visually handicapped child with the sighted child within his own local school facilities.

Regardless of whether the child enters one system or the other, he will eventually be competing and living in a sighted world. Whatever parents and educators and others concerned with the visually handicapped child do, it must reflect this fact: such children live in a sighted world and it is they who must make the necessary adjustment.

Nursery School

The child's chances for success are greatly enhanced by his enrollment in a pre-school or nursery school. This learning experience, engaging in physical and social activities with sighted youngsters, is invaluable. Most authorities agree that this training is the first step toward any child's successful adjustment to the regular school setting. This is equally true for the visually handicapped child. There is a basic truism which bears repeating here, that is to say, all people who come in contact with visually handicapped children must remember that a child so handicapped is first of all a child, having the same physical and emotional needs and desires as the sighted child.

Interpreting the Disability

Parents must strive to help others achieve a proper perspective when meeting a child with a severe disability. People are much too prone to let the disability of impaired vision overshadow the very human qualities that enable us to be individuals. Instead of seeing a child who is visually handicapped, they see blindness in the form of a child. It is the obligation of parents to help others see beyond this visual disability to the human qualities of the child. Once the disability is put into proper perspective the child may begin to be accepted on individual merit.

In many instances the nursery school personnel need to be made aware of the kind of behavior that is to be expected of the visually handicapped child. Depending upon community resources a professional person may be contacted to give this kind of assistance. If not, the parents will have to accept this responsibility.

Preparation for Entering School

Every thing parents do to prepare the child for school aids his adjustment considerably. By kindergarten age the child should have been given the opportunity to develop fully in his skills in running, walking, and jumping, and been exposed to most of the activities with which any child his age would be expected to be familiar. In addition,

parents should spare no effort in presenting continual information and description of the total environment about him, so that he is able to think and converse about the things which his chums think and converse about.

Reasonably adequate mobility instructions can take place only if this foundation has been laid. If it has not, the orientation and mobility instructor has the extra job of equipping the child with many of these preliminary elements.

We have now come to the time when your child is ready to enter school, but you cannot help but ask yourself, "Is he really ready?" If your attitudes toward visual impairment are healthy and practical, the chances are your child is ready. By this time you have recognized lack of vision as a real handicap, not just an inconvenience, but you have also recognized that there are ways and means of combating most of the obstacles which it imposes. It is important to remember that in almost every case there is an answer to the question, "How do I do this?" Ingenuity, persistence and patience are the ingredients of which the answers are made. Our focus here is orientation and mobility, so when we begin to think of answers, we begin to think of answers to questions of kinds and amounts of orientation and mobility.

On that first day when your child walks away from your front door and starts the trek to school you will have some difficult and important decisions to make. Freedom for your child must be tempered with wisdom, and he must travel only within the limits of his experience, ability, and training. If you take the easy way out and accompany him to school each day, you will do irreparable damage to his relationship with his friends. Before he begins school, familiarize the child with the route to school. Where a child can be sent to school over the average route, he ought not to be denied this freedom. Let him take the average route from home to school with his friends. The key word here is average. To insist that he cross a difficult and hazardous street unaided is foolhardy. On the other hand to deny him the normal companionship of his pals is simply to smother him with loving protection. You can foster relationships between your child and other children so that he may walk to school with them. If the trip to school is on the bus, your problems are vastly simplified. A thorough introduction to boarding and leaving the bus should suffice.

Independence

Additional assistance may be obtained from the teacher who has specialized in education of the visually handicapped. If your school has such a teacher, this teacher may have had some special mobility training.

Throughout this pamphlet we urge independent action on the part of the child; however, we should never lose sight of the fact that independent action is not always desirable. Your child's independence may cost some other child, or some other adult quite dearly, and it may be a price which you should not exact. Insisting that some things be done with complete independence at the expense of everyone else's convenience is not desirable. For example, learning to ride a bicycle is a commendable achievement and can provide the child with a good recreational outlet; but, riding a bicycle without any supervision in a congested area is dangerous and foolhardy.

In this new school environment your child will be confronted with many new problems, some of which he can solve by himself. Others will require your help, but in almost every case, he must adjust to a seeing world. Some activities, some devices will not yield to his best efforts and he will have to learn and accept that certain things are to be only partially enjoyed. He cannot play baseball with other boys, not in the real sense, but he can learn to participate in the sport of baseball. If he can do this without making the others modify their game for him, he will be welcome to their game. He can learn to keep score. In some instances he can learn to hit for fielding practice. This kind of modification is basic and it will run all through his school and later life.

ORIENTATION AND MOBILITY TRAINING IN THE ELEMENTARY SCHOOL

Definitions

Now, just what is orientation and mobility? And how may it be obtained for your child? Orientation and mobility is a systematic method of instruction which can enable the visually handicapped person to understand his environment and travel safely and efficiently. Orientation answers the question of, "Where am I in relation to other people and things?" and mobility means moving from place to place not only independently but in a safe, effective, and socially acceptable manner. If the school has an orientation and mobility program, your function will be simply to reinforce the efforts of the instructor, as the instructor deals with your child and provides him with specific skills and techniques. He will be called upon to reinforce these techniques day after day. Mobility instruction can be compared to piano lessons. It is not given at one time and completed, it is an ongoing program. It is a cooperative effort. It is a never-ending task. Let us examine a few of the basic techniques and skills which the mobility instructor offers the child at this time. This pamphlet is not intended as a substitute for mobility instructions. However, parents need to understand the techniques and where no training is available, may need to use them.

Using Sensory Clues

The child is taught to recognize and use sensory clues. The instructor begins to make the child aware of many, many signs along his route. There are signs which you can hear, which you can smell, signs which are warm and which are rough. Each of these must be recognized and catalogued. Each must be associated with some particular place along the way to school, or in the school. Thus, the principal's office is down the hall to the left and just past the ventilator fan which makes a whirring sound. The boys' room is to the right just past the water fountain, and one can hear the sound of running water, which makes it quite easy to find the door. If the door to the assembly room is open, one can never be mistaken about it for there are large echoing sounds which come from within. There are many such signals and the child must be taught to build an adequate store of these clues which he will use along his route. It seems very simple, doesn't it? But to lay the foundation for the eternal vigilance which this process demands is far from simple.

Concepts of Place

The child is taught to strive for basic orientation. To be oriented is to know one's relationship to some other particular place or thing. The concepts of left or right and of north, south, east, and west become increasingly important. If one walks down the corridor and turns left into the schoolroom, one is then walking south. And when one sits at the desk one is facing west. Either or both of these concepts may be useful to a child at an early age. However, this must be tempered by the child's amount of sophistication. When the child enters the classroom he cannot simply go gaily to his desk. He must maintain his orientation. As he turns to the left and sits into his seat, the corridor and door are to his right. So long as he maintains his basic orientation, he will not rise, turn the wrong direction and become hopelessly lost in his own schoolroom. In striving for basic orientation the child must be taught to continually ask the question, "Where am I in relation to this?" or "Where am I in relation to that?" We must re-emphasize a basic principle. The key to orientation and mobility is alertness. If the child is not alert and eternally vigilant, then all the orientation and mobility techniques we can teach him will be of no avail. We must strive to make alertness a basic ingredient of his way of life.

Using a Guide

The child is taught that under certain circumstances he must accept or even ask for assistance at this stage of his development. He will depend to a great extent on his seeing guide. He should be taught

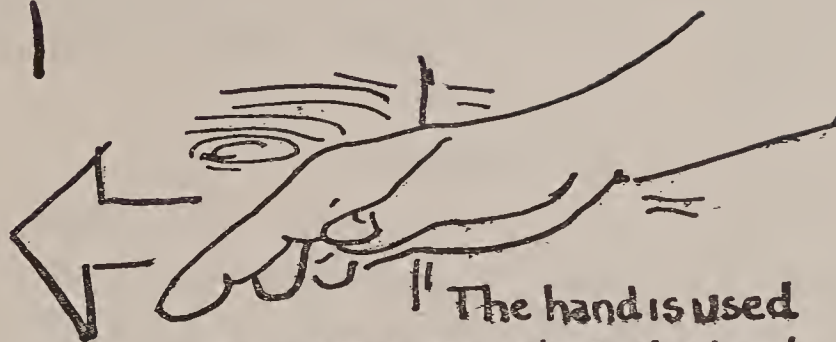
how to use the casual passerby as a seeing guide. The child should request permission to hold the guide's arm, so that his hand rests at the guide's elbow. In this position the guide is slightly ahead of the child and his body movements warn the child of approaching obstacles. If the difference in height between guide and child is too great, then the child must hold the guide's hand much as any small child would hold an adult's hand. Where the guide is a friend or relative, the technique can be a great deal different. Each learns what to expect from the other and they can operate rapidly and efficiently as a team. Under these conditions it often becomes feasible for guide and child to walk side by side without continual body contact between them. This method of travel depends on a high degree of alertness and a rapid reaction on the part of the traveler. It ought not be prolonged if it imposes a nervous strain on either traveler or guide. There is a continuing responsibility on the part of the traveler to be alert and aware of his surroundings. He ought not to allow himself to become disoriented, so that he is literally being led through life. Although a stubborn insistence on utter and complete independence can be frustrating not only to the child, but to all those who associate with him, refusing unneeded and unwanted assistance can also be a problem for the child. However, he must learn to patiently and politely refuse assistance which he does not want or need. This problem will confront him all of his life, and his ability to deal with it successfully in no small degree shapes the picture his associates form of him. It is quite easy for a visually handicapped person to build a reputation of being resentful, ungrateful, and unpleasant simply because he has never been taught to deal adequately with this basic problem.

While friendly companionship is to be encouraged, the buddy system, in which the handicapped child has a seeing fellow student as a continual assigned companion, ought to be discouraged. He should be capable of negotiating the school halls and stairs and should be actively encouraged to do so.

Trailing

The child is taught to trail. Trailing is simply following a parallel edge, but it may be used for a number of different reasons. The purpose is to keep oriented and to identify useful landmarks along a route of travel. The child may be taught to trail a row of lockers, a wall, the teacher's desk, or any other useful guide as he walks from one place to another, so that he knows where he is almost every step along the way. It is important that the child learn when and where to trail. Trailing is inappropriate under certain circumstances

TRAILING



The hand is used in such a way that the back of the fingers or fingernails lightly follow over a straight surface.



Trailing can be combined with basic hand and forearm protection. Doors that are left ajar, posts and other such hazards can be avoided with this technique.

and unnecessary in others. For example, using the trailing technique when many other children are standing before open lockers may prove to be more of a burden than a help. It is also discouraging to the child to insist that he trail a blackboard to his desk after he is capable of making this trip without using this technique. As was stated before, the use of the technique must be governed by the amount of sophistication developed by the child at a given time. This technique as well as all the others must look well to be acceptable. If the child uses the device with skill and precision, it will go almost unnoticed by the casual observer. The purpose is to keep oriented and to identify useful landmarks along a route of travel.

Hand and Forearm Technique

The child is taught the hand and forearm technique. Partially open doors, open doors, posts, and at times even other children present obstacles which the young traveler must find and avoid. By placing his arms squarely in front of his body, with the elbow at a 90° angle and the palm facing away from his own body, the child is able to protect himself from many hazards. This bodyguard may be raised or lowered as the case demands and in this technique, as in every other, he must strive to avoid a stiff, unnatural posture which calls attention to the device itself.

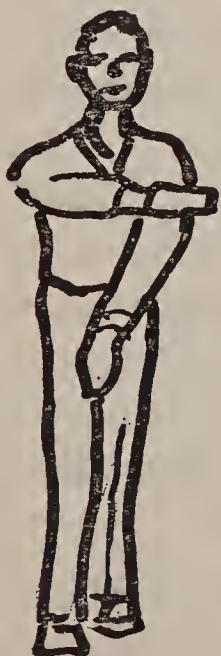
The instructor teaches the child to use the back of his hand or hands when attempting to avoid or locate a particular object. When he is searching for the edge of a table or desk, wall or door, his fingers and palms will give him no more information than the backs of his hands. Should he accidentally come in contact with another person, it is far better that he touch that person with the back of his hand rather than his fingers. At an early age the child must be taught to keep his hands off people. All too often the visually handicapped child is characterized by a pair of groping hands, and as he grows older this becomes more and more offensive. Searching movements, though necessary, must be used guardedly. It goes without saying that the visually handicapped child must use his hands to explore in the process of gathering information. To examine the world about him and to learn how objects feel is part of his educational process.

Squaring Off

The child is also taught to square off, using edges and sides of many different things as aids to getting started in the precise direction he wants to go. For example, if he is walking up the aisle in school, the edges of the desks offer a means of squaring off; if he walks parallel with these edges, he will be starting in a direct line up the

THE HAND AND FOREARM TECHNIQUE

The hand and forearm serve as a means of protection for the user's head and shoulders.



The lowered hand can be used in conjunction with the raised arm to locate lower objects.



aisle he wants to traverse. Walls, door casing, articles of furniture — all can be used as means of getting started in the proper direction rather than veering to either right or left.

Object Perception

The child is helped to improve his use of object perception (facial vision). Many visually handicapped children are naturally endowed with this sense. It can be heightened with training, or dulled with neglect. This ability to sense an object as one approaches it is a vital ingredient of good mobility. Beginning with large objects, such as solid walls, the child can be taught to perceive the reflected sounds which the walls return to him. Depending upon individual ability, the child may learn to detect an object as small as a post at a distance of ten to fifteen feet. Just as the presence of sound indicates an object, the absence of sound indicates an opening and the child can learn to detect openings such as doors and corridors.

We must think of good mobility as a skill which we are attempting to develop in this child. As he progresses from kindergarten to first grade on through junior high, he presumably grows in maturity. At each new level of maturity we should expect a more precise use of the mobility techniques. As the child moves from the comparatively simple environment of the grade school into the larger and more complex areas of the junior high building, his mobility needs change and the program of instruction provided for him should reflect this.

ORIENTATION AND MOBILITY AT THE JUNIOR HIGH SCHOOL LEVEL: TRAINING FOR INDEPENDENT TRAVEL

By the time the child reaches junior high he is almost certain to want to extend his travels beyond his home and school, because his interests and social experiences are becoming larger. If he has not felt the need for independent travel before, he may now because of his increasing awareness of his approaching adulthood. He no longer wants to be so dependent upon his parents and family, especially if he wishes to be included as one of the gang. He is becoming a typical teenager in many respects, and beginning to assert himself in many ways. While many parents may not welcome this developmental change in their youngster, it is natural and has some advantages. The early dependency that exists in every family group must gradually give way to greater self-reliance if maturity is to be acquired.

If there is a desire to gain greater independence, the orientation and mobility training which may now be offered to him will be timely and a means of acknowledging our faith in his ability.

While this booklet deals with orientation and mobility instructions with the use of the long cane, this need not be the only means of independent travel or the most desirable for every individual. Each person should choose a method that best suits him. It should also be noted that some forms of instruction are not available for children under sixteen. While a definite choice of travel aid may be deferred until the child reaches an appropriate age, there can be no question about the need for early training in the basic principles of orientation and mobility. A firm foundation is necessary for any future travel with the use of any aid.

The Electronic Device

One form of travel is still in the experimental stage and makes use of an electronic device. While this method seems to hold promise for the future, science has not yet produced a marketable device for extensive use by visually handicapped people.

Using a Guide

Another method of travel is the visually handicapped person using a sighted person as a guide. While this is not an independent form of travel, all visually handicapped people should become aware that a correct method exists when accepting or requiring the assistance of a sighted person.

The Dog Guide

The two best known forms of independent travel employ the dog guide and the long cane. Contrary to popular opinion the visually handicapped person always requires extensive training in the use of the dog. Together they make up a traveling team with the visually handicapped person firmly in command. The leading schools favor an eligibility age of at least sixteen years, realizing that a certain amount of maturity and responsibility are required to use the dog guide successfully.

The Long Cane

Long cane instruction begins with skills that are basic to all travel. Major importance is given to the teaching of orientation, sensory training, concept development, and cane skills. All individuals progress by levels from the most basic to the most complex according to their ability to advance. Teaching units or levels may or may not be continuous, but they attempt to correspond to the age, maturity, and ability of the student. Basic instructions may begin during the early school years and sufficient maturity for limited cane travel may be reached by age eleven.

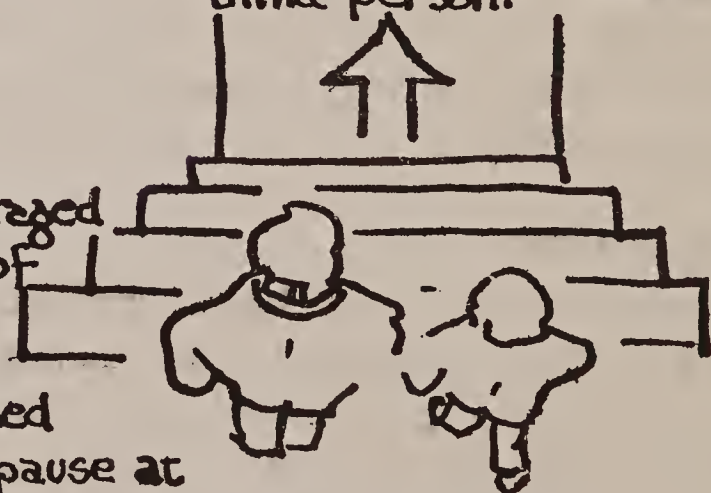
THE USE OF A SIGHTED GUIDE



If a blind person remains a half-step behind the guide he will be ready to anticipate most of the changes within his environment. Ups and downs as well as lateral movements are transmitted from the guide to the blind person.

Alertness is encouraged through the use of correct methods of "team travel!"

Stairs should be approached at right angles. A slight pause at the top can alert the blind person of the descent.



The long cane is generally made of a piece of aluminum tubing for lightness and strength. It has the characteristic shape of a cane with a straight shaft and a bent portion called a crook. It is covered with a reflective coating of white scotchlite material along the straight surface and a six-inch piece of red scotchlite is located at the base of the cane. A rubber grip is placed below the crook for comfort and ease in handling, and a replaceable nylon or wooden tip is inserted in the bottom. The cane is fitted to each individual according to his height and length of stride. At first glance the cane may seem to be unusually long. However, it is intended to give the student information and advance warning of changes in terrain. The added length provides an extra margin of safety.

It is essential that the cane be used correctly. The instructor must insist upon standards of conduct that reflect safe, efficient, and courteous travel. The student must meet these standards as a primary requirement of his training.

A white cane identifies its user as a visually handicapped person. The purpose is not to draw undue attention to such a person, but to afford him the courtesy and legal protection that most states provide through law. Usually people recognize the user as a person with a visual disability so that motorists and fellow pedestrians do not assume actions and responses which they might normally expect from a sighted person.

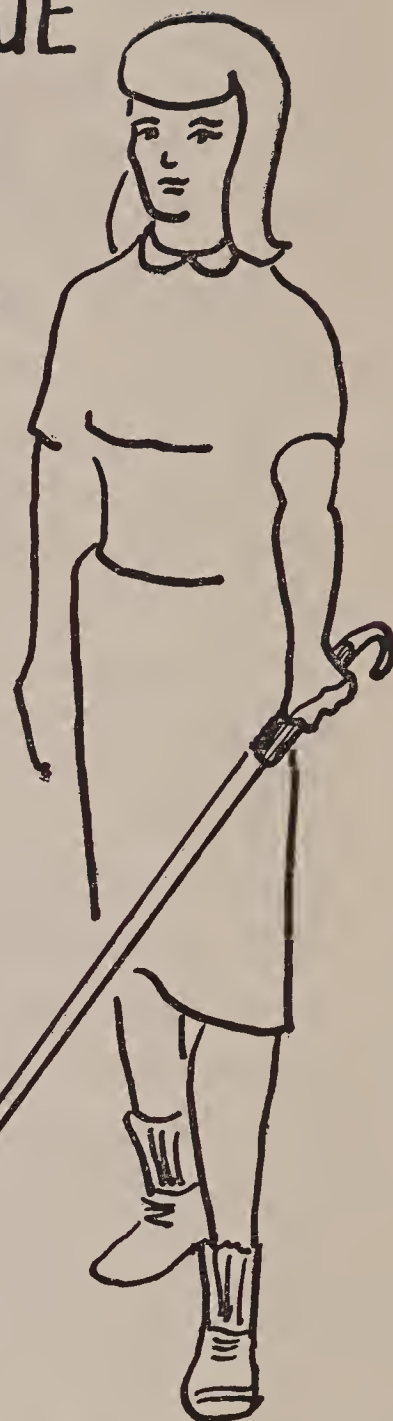
It used to be commonplace to picture a visually handicapped person moving along at a very cautious pace with a white wooden cane in front of him. This picture has been altered today by the creation of a more efficient cane technique and a more knowledgeable traveler. The modern traveler uses a long slender cane, walks at a pace comparable to that of a sighted person and oftentimes merges so well with his fellow pedestrians that many are unaware of his disability. He has been taught the essentials of good cane technique and has become proficient in its use. He has gained in knowledge about his surroundings and uses good judgment while traveling. He travels well because he has learned how to travel well.

The student is taught how to use the cane first indoors with the diagonal, or across-the-body cane technique. In this procedure the cane is used to provide adequate protection and security while traveling in a rather familiar setting. The cane is held in a stationary position in a diagonal line across the body from the extended hand to the floor. It serves as a protective device by locating objects directly in front of the student. It is often combined with trailing, which was formerly used with the hand and arm protection, so that the student may become more aware of specific details. Travel routes are explained to the student so that he may locate necessary objectives and gradually enlarge

THE DIAGONAL CANE TECHNIQUE

With the arm extended away from the body and the hand in approximate alignment with the hip, the cane serves as a protective method for the user.

It is also the first to come in contact with or otherwise locate objects which are directly in front of the user.



THE TOUCH TECHNIQUE

This cane technique differs in the way in which the cane is used and the way in which the cane is held.



his sphere. Sensory training is an integral part of the program as well as directional usage. When the student can travel indoors with safety, efficiency and skill, he is ready for the next step in advancing his cane skills.

The touching technique with the use of a long cane is the basic method employed for furthering travels in both familiar and unfamiliar surroundings. The cane is grasped below the crook with the fingers wrapped around the grip. The index finger lies along the shaft of the cane, and the cane may be thought of as an extension of this pointer finger. The arm is in an extended position away from the body with the hand directly in alignment with the center of the body. Cane movement is controlled by the wrist which moves the cane from side to side approximating a low arc of body width and touching the floor at the end of each arc. When stepping out, the leading foot gives a signal to move the cane tip in an arc to the opposite side of the body. The cane tip touches a spot in front of the individual approximately where his foot would alight on the following step. In this way the user of the cane can tell through tactual means that it is safe to continue to travel, unless he has been signaled a warning that his path is obstructed or in some way altered by declines, steps, or a differing surface. The lateral or sweeping movement of the cane readily detects obstacles directly in the path of the person using the cane.

As a child gains in proficiency with the cane, he enlarges his sphere of travel. Having begun in an indoor setting, after he becomes knowledgeable in this area he is ready to move outdoors to become better acquainted with the normal residential setting. Within a relatively short time he should be able to go around the block without difficulty and begin to cross streets using safe and efficient methods. He extends himself by completing each lesson successfully before advancing to the next. The instructor is careful to see that his knowledge increases steadily and that he is able to take on new challenges. As the student increases his skill with the use of the cane, so must his knowledge of his surroundings increase. He should be able to travel further and further from the well known areas and with adequate teaching and supervision, increase his knowledge of new areas. The instructor attempts to clarify travel situations with each lesson, helping the student achieve greater ability and remembering the important features of his travel. He also helps him generalize from and expand his knowledge. Practical lessons involving real situations are the basis of his instructions. During this phase of instruction the parents can help the child use his travel skills to the fullest by allowing him to have additional responsibility. The mailbox, the neighborhood store, and other places of frequent use can become travel objectives. Each new travel situation can be a step toward greater maturity and capability.

THE TOUCH TECHNIQUE

(AN OVERHEAD VIEW)



Figure 3

Cane movement is controlled by the wrist which moves the cane from side to side.

To begin, the leading foot gives the signal to move the cane tip in an arc to the opposite side of the body. (Fig 1)



Figure 2

At the time that the lead foot is changing, the wrist of the cane user will begin to change the position of the cane to the opposite side of the body. (Fig 2)

The cane will always be in opposition to the lead foot so that the cane tip will touch a spot in front of the user approximately in a position where his foot will alight on his following step. (Fig. 3)

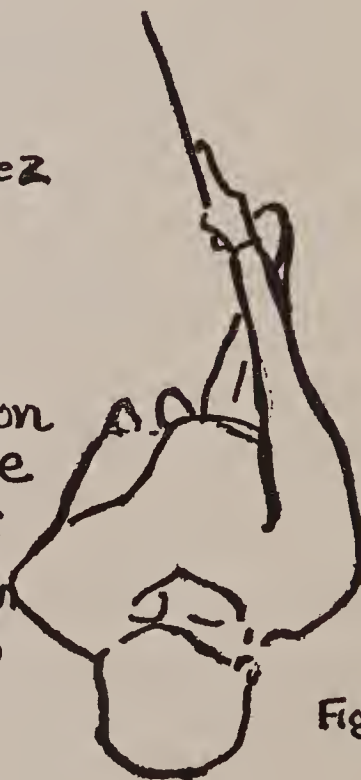


Figure 1

Concept Development

It is generally agreed that visually handicapped children have difficulty forming useful ideas or impressions about things surrounding them. They need this ability in order to function efficiently, respond appropriately, and be accepted as normal. To be able to perceive, use, and mentally file the vast amount of information we have around us, when one of the most important means of gathering information has been impaired, is a monumental task. One of the goals of an orientation and mobility instructor is to assist his student to increase his knowledge of his surroundings and gain a better understanding of why things are what they are.

Everyone who is in contact with a child who is visually handicapped can assist him in this. Most important of all are his parents, the people who are closest to him and have the greatest opportunity to help him understand his world.

The everyday things that we see are often easy to recognize in their normal settings. They are not so obvious when they are discovered without the clues as to their purpose. We should strive to give a whole picture instead of fragments. We should stress logic, order, and system in our surroundings.

Most of us are usually good enough at describing the outward appearance of an object, but often fail to include a proper description of the purpose and usual setting where it is found. Along with the description we should point out similarities between like objects; for example, a soccer ball is very much like a small basketball. We should point out differences. The game of soccer differs from basketball because the players kick the ball instead of bouncing it or dribbling it with their hands. We should attempt to make the child aware through all sensory media of the physical properties of the item described. For example, he can feel the weight of a soccer ball and examine the construction that makes it different than a basketball, bounce it, and kick it. We should also attempt to provide the child with some background information that gives the object more meaning. For example, soccer is played on a large field somewhat like a football field. Two teams are used and goals are scored by kicking the ball between the goal posts. Younger children expect a simple explanation; older children may already have a good storehouse of examples at their disposal, but may demand greater detail for their purposes. While questions may be forthcoming and should be encouraged, it must be remembered that the visually handicapped child lacks the stimulation that might ordinarily come from visual observation. The viewer must anticipate questions, especially when closer observation and contact is not possible. The more this method is practiced and used, the better one becomes.

Developing a Keen Sensory Awareness

An old myth exists about the blind person's skills of compensation which replace the loss of vision. No sensory system becomes more acute due to lack of vision. The individual only becomes aware of clues and learns how to use them to his advantage. The child should be ever increasing his information about his surroundings through all sensory means. Parents and instructors alike should always be ready to point out clues of sound, touch, temperature, odor or any combination of these. As one becomes more aware of the various means of detecting things, other features not always readily observed become important. For example, "Feel the heat as you come closer to the radiator." "Did you notice the change in the floor surface as we went from the dining room, where there was a plain wooden floor, to the tile floor in the kitchen?" "Did you notice the warmth of the sun as you passed by the the windows?" "Smell the bakery goods as we near the bakery." "Did you notice the difference in the temperature as we passed through the doorway?" The child's present and future abilities depend upon his previous experiences including all of the opportunities he has had to explore, investigate, and become as independent as possible. If the child has mastered the techniques and experiences presented to him at this phase, he should now be ready for wider horizons.

ORIENTATION AND MOBILITY AT THE SENIOR HIGH SCHOOL LEVEL

The High School Interior

Ideally instruction in the high school should start before the first day with a general orientation and familiarization with the interior and exterior of the school building. After the general orientation and familiarization, and again before school begins, the student's daily class schedule should be obtained in order to orient him specifically to his classrooms, the dining rooms, gymnasium, locker room, auditorium, offices, and other locations. Even though he may not use all of the school facilities, he should become acquainted with the school as a whole. It is best to follow the regular class schedule first, so that he can become familiar with the routine. Later the lessons can include all areas and routes within the school. Sensory information and basic orientation and mobility skills should be emphasized in locating those essential clues and landmarks which will enable him to function safely and efficiently within the building. He is helped to associate the interior of the building with the exterior of the building to form a complete concept of his environment, so that he knows at all times not only where he is inside the building, but where he would be if he were

outside the building. For example, the east corridor runs north and south and is parallel to Central Avenue. Another example is, when seated in English class, the student is facing north toward Grand Avenue.

Routes to and from High School

The student should be familiarized with the route from his home to the school and back. At the outset the safest and easiest route should be used. However, at a later date he should know and use alternate routes which are available and more practical for him to use. The mobility instructor continues his lessons and observes the student under normal school conditions to assure that he is making proper use of his senses, techniques, and skills for maximum efficient mobility. As concentrated instruction in this area proceeds, the mobility instructor also provides the classroom teachers with information and a working knowledge of the basic skills, so that the teachers may reinforce the use of proper techniques and skills at all times. The importance of always being an active rather than a passive person when accepting assistance should be emphasized at all times. The student may accept assistance when offered at certain times, but he should not allow himself to be merely led from one place to another without making an effort to remain oriented at all times. He must keep control of the situation so that he can maneuver the well-intentioned, but novice guide who may not know the proper method of guiding him.

WHAT PARENTS CAN DO

As experiences and abilities increase, the young person can widen the area of travel to include his own street, neighborhood, community and other essential areas. He should be provided with experiences in making purchases, eating in restaurants and snack bars, and visiting friends and relatives. His travel experiences must include walking in the rain or snow, in cold weather, and at night in order to cope with changes that are present when these elements exist. Traffic and other sounds, tactual clues, and other kinds of aids differ under these circumstances. At the same time we must recognize that each youngster is an individual. Some have certain abilities and attributes which enable them to become more proficient than others. It is just as important to make a person aware of his limitations as his potentials. Therefore, we may have certain youngsters who will never be able to travel independently outside a certain perimeter of their neighborhood.

We do not advise or expect you to teach mobility to your youngster, but you certainly can assist with the development of certain skills, techniques, and information which will assist your youngster in becoming

mobile more rapidly. You can assist the instructor by reinforcing the basic skills, reviewing routes, and checking proper utilization of the remaining senses. Encourage your youngster. Allow him the opportunity to develop the skills he is learning. Stay within the limits recommended by the instructor. Don't expect any more from your child than you would from any other child his age. Don't push him too rapidly beyond his abilities. Build on a success pattern. Frequent failures cause a resistance to independence and the cane.

You must insist that your child frequently use the techniques and skills he is being taught. Once the instructor has indicated that your child is capable of managing certain tasks efficiently, you should encourage and allow the child to do these tasks independently. Send your child on errands, assign certain shopping tasks to him, and encourage him to travel independently to places within reason and within his ability. This will be beneficial not only for his mobility, but will enable him to gain experiences in handling money, making decisions, coping with the public, and developing self-confidence. Mobility can be improved only by experience and exposure. Skills and techniques will improve and become refined and efficient with constant use and repetition. You cannot expect efficient individual mobility unless the child is active and utilizing his skills. Finally, the cane is a symbol of independence. It means that the user has learned how to travel alone and safely. By his own appearance he is expressing confidence in himself, capable of free movement and unhampered by the indignities of being bound to a more dependent means of mobility. He is self-reliant.

Mobility, then, is the skill which gives the freedom needed to move from his home, to his school, and into his community. With this skill a visually handicapped person frees himself from the narrowness of his own world to move confidently as a functioning, contributing member of society. With the understanding, encouragement, and guidance of parents, teachers, and other professional people concerned with his welfare, mobility can be taught; with hard work and proper motivation mobility can be learned. Learning to be mobile is physically and emotionally taxing, not only for the handicapped person who works at it, but also for those who can only watch. It is difficult for parents who know that their children must be independent, but cannot help experience every bump, every frustration, every humiliation, and every success that goes along with acquiring the skill. Many times parents will have to fight their own instincts to ward off blows, to lend a hand, to make the going a little easier. Many times parents will stand and watch their children struggle to be free and know with deep conviction that the goal will be reached.

APPENDIX A

AGENCIES AND RESOURCES FOR THE BLIND

Note: Most of these services are available for visually handicapped persons. The term "blind" is an historical description.

Name and Address	Function of Agency
American Foundation for the Blind, Inc. 15 West 16th St. New York, New York 10011	A national research and service agency maintained by voluntary funds. Serves as a clearinghouse for all pertinent information about blindness. Publishes numerous pamphlets giving information about services to blind persons. Develops and sells, at cost, special appliances for the blind.
American Printing House for the Blind, Inc. 1839 Frankfort Louisville, Kentucky 40206	A world-wide service supported by contributions, earnings and public funds. Prints braille books, magazines, and music. Produces large size print textbooks and magazines and manufactures special educational aids for the blind.
Blind Service Association, Inc. 127 N. Dearborn Chicago, Illinois 60601	Provides reading service, recording and transcribing for blind students. Maintains reading rooms for use of readers and students.
Catholic Charities of Chicago 126 N. DesPlaines Chicago, Illinois 60606	A parochial program supported by the Catholic Archdiocese of Chicago provides educational services to preschool through high school children, counseling for parents of the visually handicapped, plus orientation and mobility for visually handicapped children where these services are indicated.
Catholic Guild for the Blind 67 West Division Chicago, Illinois 60610	Provides religious, recreation and braille services.

Name and Address	Function of Agency
Chicago Lighthouse for the Blind 1850 West Roosevelt Chicago, Illinois 60608	Operates sheltered workshops and adjustment training center and low-vision clinic. Offers program for mentally retarded, visually handicapped young adults.
Chicago Public Library, Department of Books for the Blind and Physically Handicapped 4544 Lincoln Ave. Chicago, Illinois 60625	Regional library serving Illinois with braille and talking books.
Clovernook Printing House for the Blind 7000 Hamilton Ave. Cincinnati, Ohio 45231	Prints braille books, magazines and catalogs, such as <i>Boys' Life</i> , <i>The American Girl</i> , and <i>Galaxy</i> .
Community Services for the Visually Handicapped State of Illinois Building Room 1700, 160 N. LaSalle St. Chicago, Illinois 60601	Provides a statewide program of field services to visually handicapped persons in their own homes or in groups and for teaching, counseling, social work and related services. Offers consultative services to schools where the problem is primarily one of blindness. Provides orientation and mobility instructions to school-age children in cooperation with public schools.
Hadley School for the Blind 700 Elm St. Winnetka, Illinois 60093	Supported by voluntary contributions. Provides academic and vocational education for blind students anywhere. Home-study courses range from 5th grade through high school subjects, plus vocational, recreational and selected college credit courses.
Hope School Hazel Lane, R.R. 3 Springfield, Illinois 62707	Provides education and training for multiple handicapped blind children, aged 4 to 18 years.

Name and Address	Function of Agency
Howe Press of Perkins School for the Blind 175 N. Beacon St. Watertown, Massachusetts 02172	Serves persons in any country with embossed braille books. Manufactures appliances and games, miscellaneous educational equipment and the Perkins Brailier.
Illinois Braille and Sight Saving School 658 E. State Jacksonville, Illinois 62650	A state-supported school operating under the Illinois Department of Children and Family Services. Provides free training for educable children of Illinois, whose sight is so defective that they cannot progress in regular schools for sighted children.
Illinois Department of Children and Family Services 404 New State Office Building 401 S. Spring St. Springfield, Illinois 62706	This department provides social services to children and their families; operates schools and institutions for blind, deaf, and physically handicapped and dependent children.
Illinois Department of Public Aid 203 New State Office Building Springfield, Illinois 62706	A federal-state program of financial assistance to the blind. Application should be made at local county office.
Illinois Office of Public Instruction 316 S. 2nd St. Springfield, Illinois 62706	Provides consultant services to day schools and residential schools. Reader service provided in school districts where no special program exists. For information consult Program Development and Evaluation, Department of Special Education, locally.
Illinois Division of Vocational Rehabilitation 623 E. Adams St. Springfield, Illinois 62701	Administers the federal-state program of vocational rehabilitation which provides for diagnostic, counseling, training, placement, and related services. Financial aid is offered to qualified students who meet specific requirements.

Name and Address	Function of Agency
Illinois Visually Handicapped Institute 1151 S. Wood St. Chicago, Illinois 60612	Provides institutional, educational and vocational services to visually handicapped persons, ages 18 to 60, who reside in Illinois. Offers six weeks summer program in orientation and mobility for school-age children.
Illinois Educational Materials Coordinating Unit 410 S. Michigan Chicago, Illinois 60605	A clearinghouse of information and a statewide lending library of specially adapted educational materials, including braille books, large type books, and tape recordings for visually handicapped children and adults. Requests for materials to be used by school-age children should originate from the school superintendent or someone designated by him. For further information contact the Director, Educational Materials Coordinating Unit, 410 S. Michigan, Chicago, Illinois 60605.
Johanna Bureau for the Blind and Visually Handicapped, Inc. 410 S. Michigan Chicago, Illinois 60605	Transcribes materials from print to braille for blind students; also does tape recordings of printed materials.
Lions International 209 N. Michigan Chicago, Illinois 60601	An international association of business and professional men with a major service interest in the blind. Publishes the <i>Lion Juvenile Braille Magazine</i>, supplies various types of equipment and aid to blind persons through its local clubs.
National Braille Press, Inc. 88 St. Stephen St. Boston, Massachusetts 02115	Nationwide service. Publishes braille magazines. Records at 16$\frac{2}{3}$ R.P.M. textbook and educational materials primarily for blind high school and college students. Books done at specific request. Recording units in 16 cities.

Name and Address	Function of Agency
Recording for the Blind, Inc. 215 E. 58th St. New York, New York 10022	Serves the United States. Supported by voluntary contributions and funds. Records at 16$\frac{2}{3}$ R.P.M. textbooks and educational materials principally for blind high school and college students.
Volunteer Service for the Blind, Inc. 332 S. 13th St. Philadelphia, Pennsylvania 19107	Non-sectarian. Supported by voluntary funds. Furnishes braille and sound recordings on disc or tape. Provides recording services for blind students. Produces the braille edition of <i>Jack and Jill</i>, also miscellaneous magazines.

APPENDIX B

SELECTED DEFINITIONS

Medical Personnel:

General Practitioner

"Family doctor" — The physician who knows most about you. The only one you rely on for consultation and help with your medical problems and many of your personal anxieties and troubles.

Obstetrician

The specialist who cares for the mother during pregnancy and delivers the baby.

Pediatrician

"Baby doctor" — A doctor of medicine (M.D.) who specializes in children from birth through age 16. He is most knowledgeable about growth and development, diseases of childhood, and the auxiliary services most often needed to help with the problems of this age group.

Ophthalmologist

"Eye doctor" — A doctor of medicine (M.D.) who specializes in the diseases of the eye. He can diagnose, give refractions, prescribe drugs or perform surgery for correction and/or improvement of vision.

Optometrist

"Refractionist" — Not a medical doctor but one who measures the degree of visual powers. He can prescribe corrective lens and corrective exercises.

Psychiatrist

A medical doctor who specializes in emotional and social problems. Main goal to help the patient help himself by better understanding problem and self.

Social Services Personnel:

Social Worker

A member of the diagnostic team with special skills, techniques and knowledge in helping child and parents make best use of their strengths and deal more realistically and objectively with their problems. They may work with individuals as well as families and groups. They will also have a working relationship with community resources and can use them as needs arise.

Psychologist	Another member of the diagnostic team with special skills, techniques, and knowledge for assessing personality adjustment, intellectual potential and development.
Peripatologist	Mobility Specialist.
Community Health Nurse	Another member of the diagnostic team who has special training, knowledge and responsibility for general health services. They may be employed under public or private auspices; such as, county or local health departments, school districts, visiting nurse associations, etc.

APPENDIX C

REFERENCES

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One of a series of pamphlets developed for use by parents, teachers, and physicians to assure greater independence for visually handicapped children.

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